

Request for Materials

Item	Quantity	Item	Quantity
CDC Vaccine Information Statements		Brochures	
Chickenpox Vaccine		A Guide to Vaccine-Preventable Diseases in Adults	
Diphtheria, Tetanus, and Pertussis (DTaP) Vaccines		A Parent's Guide to Vaccine-Preventable Diseases in Children	
<i>Haemophilus influenzae</i> type B (Hib) Vaccine		Think About Protecting Your Teen This Fall (meningococcal brochure)	
Hepatitis A Vaccines		Parents Guide to Childhood Immunization (Currently Unavailable)	
		Prevent Hepatitis B: Get Vaccinated!	
Hepatitis B Vaccines		Questions parents ask about baby shots	
Meningococcal Vaccine		What parents and caregivers need to know about pertussis	
		State Forms	
MMR Vaccine		Adult Immunization Cards	
Pneumococcal Conjugate Vaccine		Certificate of Immunization (SFN 16038)	
Pneumococcal Polysaccharide Vaccine		Official Document of Immunization (SFN 13895) (Currently Unavailable)	
Polio Vaccine			
Rotavirus Vaccine			
Tetanus and Diphtheria Vaccine (Td)		Request for Vaccine/Materials (SFN 13800)	
Tetanus, Diphtheria, and Pertussis Vaccine (Tdap)		Temperature Log (Fahrenheit) (SFN 53775)	
Camera-ready copy: (please circle)		Temperature Log (Fahrenheit and Celsius) (SFN 53775)	
Inactivated Influenza Live Attenuated Influenza			
Rabies Typhoid Yellow Fever			
Miscellaneous		Temperature Log (Celsius) (SFN 53775)	
After the Shots... What to do if your child has discomfort		Vaccine Administration Monthly Report (SFN 53774)	
Chickenpox Fact Sheet		Vaccine Administration Record (SFN 18385) <input type="checkbox"/> 2 Part <input type="checkbox"/> 3 Part	
Guide to Contraindications to Childhood Vaccinations (Currently Unavailable)		Vaccine Administration Record (Series) (SFN 50922)	
Health Record Folder with inserts		Vaccine Transfer Form (SFN 53766)	
Health Record Folder without inserts		Vaccine Return Form (SFN 53767)	
Immunizations for Babies (A Guide for Parents)			
Pertussis Fact Sheet			
Recommended Adult Immunization Schedule			
Recommended Childhood Immunization Schedule			
Vaccinations for Adults			
You're NEVER too old to get shots!			
Vaccine Adverse Events Reporting Form (VAERS)			

Ordered By:	
Date Ordered:	Requested Delivery Date (allow 2 weeks):
Telephone Number:	
Provider Number:	

SFN 13800 (Rev. 05/06)

Send To:

Facility:		
Attn:		
Address:		
City:	State:	Zip Code: